

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>4/2/97</u>		2 Serial/Patent # <u>08/766307</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ <u>40.00</u>							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>40.00</u>							
		8 TO BE REFUNDED BY:								
		<input checked="" type="checkbox"/> Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>		0	6	--	0	6	0	0
0	6	--	0	6	0	0				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE: <u>LIE</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: _____								
OFFICE: <u>oie</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>4/3/97</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*